MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10 ~~~	
APPLICANT(S)	

2-14-08 4300

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3		1		1			53							
4		1		1			54							
5	1		1				55							
6		5		5			56							
7	1		1				57							
8		1		1			58							
9		1		1			59							
10		1		1			60							
11	1		1				61							
12		5		5			62							
13				1			63							
14				1			64							
15				1			65							
16				1			66							
17			1				67							
18				1			68							
19							69							
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39							89							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4	⬅	6	⬅		⬅	TOTAL IND.		⬅		⬅		⬅	
TOTAL DEP.	16		20				TOTAL DEP.							
TOTAL CLAIMS	20		20				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS